Standard Form 1152 (Rev. 11-91) Title 4, GAO Manual 1152-106

DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

IMPORTANT

Read instructions on back of duplicate before filling in this form

INFORMATIO	ON CONCERNING THE EMPLOYEE					
NAME	(Last)	(First)	(M	iddle) D	DATE OF BIRTH (Month, day, year) Social Security Number	
				S		
DEPARTMEN	NT OR AGENCY IN WHICH EMPL	OYED				
	(Department or agency)		(Bureau)		(Divisio	n)
beneficiarie solely to mo or Group Li	employee named above, cancel s named below to receive any U mey due as defined in 5 U.S.C. fe Insurance Acts applicable to m ly changed or revoked by me	NPAID COMPENSATION due 5581, 5582, 5583, and in no way Government service. I further	e and payable after my death. ay will affect the disposition of understand that this Designati	I understand that this fany benefit which may on of Beneficiary will	s Designation of become payable r remain in full forc	Beneficiary relates under the Retirement ce and effect until
INFORMA	TION CONCERNING THE BI	ENEFICIARY OR BENEFICIA	ARIES:			
Туре	or print first name, middle initial, of each beneficiary	and last name Type or pri	int address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
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					<u> </u>	<u> </u>
shall be dist designated b I hereby	by direct, unless otherwise inc tributed equally among the surviv veneficiaries is living at the time of v specifically reserve the right to of d States, and without the knowleds	ing beneficiaries, or entirely to t f my death. ancel or change any designation	the survivor. I understand that	t this Designation of B	eneficiary shall b	e void if none of the
	(Date of executionmonth, d	ay, year)		(Signature of employ	ee)	
WITNESS TO	SIGNATURE:					
	(Signature of witness)		(Number and street)		(City, State, an	nd ZIP Code)
	(Signature of witness)		(Number and street)		(City, State, an	d ZIP Code)
PRINT OR	TYPE NAME AND ADDRESS	(INCLUDING ZIP CODE) OF	EMPLOYEE	THIS SPACE RES	ERVED FOR RE	
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